Bethany School Admission and Authorization Forms

Please Complete **ALL** of the following forms and return them to the office **BY THE CHILD’S FIRST DAY OF SCHOOL**

1. Student Permission Slip (below)
2. Consent for Records Release
3. Religious Information Form
4. Student Health History
5. Physical Examination: **To be completed by physician**
6. Immunization Report: **To be completed by physician**
7. Oral Assessment: **To be completed by the dentist**
8. Emergency Medical Authorization (EMA) and Latchkey Pick Up Authorization
9. Responsible Use of Technology
10. Guardian Permission to Publish on the Internet
11. School Directory Information
12. BEAP (Bethany Educators and Parents) Membership Registration and
13. Birth Certificate: **Please provide a copy**

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Bethany School
555 Albion Avenue
Cincinnati, OH  45246
(513) 771-7462
Fax (513) 771-2292

**STUDENT PERMISSION SLIP**

These agreements extend for the duration of ________________________________’s
(full name of child)

enrollment at Bethany, unless denied or limited by me in writing to the school.

1. Bethany School has permission to take my child on picnics, outings, and field trips as a part of the scheduled extracurricular program of Bethany School. Transportation will be by parent car, a school vehicle (which is driven by a teacher who has been certified to do so), or a school bus hired by the school. This permission shall extend to athletic events and programs, theater and musical trips, trips to museums, parks, and other educational institutions.

_________________________________________  ____________________________
(date)  (Signature of Parent or Guardian)
Consent for Record Release
To be mailed to your child’s current school

This form gives my permission for BETHANY SCHOOL to request my child’s records from:
(please print)

(School)_________________________________________

(Address)_______________________________________

(City, State, Zip)_________________________________

*************************
***********************************************
As Parent and/or Guardian of:

Name of Student ________________________________

Date of Birth ___________   Current Grade_______

I hereby authorize you to release all records, psychological evaluations, aptitude testing, academic testing, as well as intelligence testing, and health records to:

Mrs. Teri Mauntel, Admissions
Bethany School
555 Albion Avenue
Cincinnati, Ohio 45246
Fax: 513-771-2292

Signature of Parent:___________________________  Date:__________

Street: __________________________________________

City, State, Zip: ___________________________________
RELIGIOUS INFORMATION FORM

Please complete this form and return it to the office

1. Name of student__________________________________________
   (Last Name) (First Name)

2. Religious affiliation of student’s immediate family (circle all that apply)
   If husband and wife hold different affiliations, circle both.
   
   CHRISTIAN       JEWISH       HINDU       MUSLIM       BUDDHIST
   OTHER_______________       NONE

3. Is this student currently active in a religious congregation?    yes_______
   no__________

   If Christian, please answer the following questions:
   
   4. Denomination (please circle)
      
      Baptist       Presbyterian       Non-denominational
      Episcopalian       Roman Catholic
      Lutheran       Methodist
      
      Other __________________________

   5. Has your child been baptized?       Yes____   No____

   6. Does your child presently receive Communion in your church? Yes____   No____

   7. Does this student wish to receive communion in Chapel at School? Yes____No____

(All children come forward in Chapel to receive either a blessing or communion. Bethany School offers communion to all who are baptized and who receive communion in their own congregation. Children are instructed during Christian Education on communion, baptism, and how to receive communion. Any questions or concerns can be directed toward the Chaplain.)

Parent or Guardian Signature: ________________________________ date: ______________
STUDENT HEALTH HISTORY (TO BE COMPLETED BY PARENT)

STUDENT ______________________________________________________ GRADE _________ HOMEROOM _________
Sex: ___ Male ___ Female
Date of birth _______/_______/_______

Please complete this form and return it to school as soon as possible. If there are any future changes in your child’s health status, please call Peggy Brockmeier, RN or send a note to school. Check all health conditions your child may have.

☐ ADD / ADHD
☐ ALLERGIES or reactions to: (Please explain)
  Food(s) _______________________________________
  Medication(s) _____________________________________________
  Plant / Animal / Environmental _________________________________

☐ ASTHMA (Identify triggers)

Has your child ever needed emergency treatment for asthma?
  ___ YES ___ NO

☐ BLADDER PROBLEMS (Please explain)

☐ BOWEL PROBLEMS (Please explain)

☐ DEVELOPMENTAL DELAY (Please explain)

☐ DIABETES  Age of diagnosis _________________

☐ EAR INFECTIONS (frequently after age of 3)
  Approximate date or age of last infection _____________
  Currently under the care of ENT? ___ YES ___ NO
  Currently has PE tubes? ___ YES ___ NO
  ____ Wears hearing aid in right/left ear (circle)
  ____ Has hearing loss in right/left ear (circle)

Has your child traveled outside the United States in the past year?  _____ No _____ Yes ____________________________ (Where?)

My child takes the following daily medication(s) __________________________________________________________________

My child takes the following medication(s) occasionally ________________________________________________________________

Please identify any other health information not listed above that you believe school personnel need to be aware of:__________________________

List any health conditions that require school restrictions, modifications, and/or interventions: ________________________________

This information may be shared with school personnel if it is pertinent to health and safety, educational progress and/or behavioral management plan.

Parent/Guardian Signature_________________________________________________________ Date ______________________________
Ohio Department of Health • School and Adolescent Health

Physical Examination

<table>
<thead>
<tr>
<th>Student's name</th>
<th>Sex</th>
<th>Date of birth</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

Height | Weight | BMI percentile | BP |
|-------|--------|----------------|----|

### Screening Tests

<table>
<thead>
<tr>
<th>Vision</th>
<th>Hearing</th>
<th>Postural</th>
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</thead>
<tbody>
<tr>
<td>Date performed</td>
<td>Date performed</td>
<td>Date performed</td>
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<tr>
<td>/ /</td>
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<td>/ /</td>
</tr>
</tbody>
</table>

- **Distance Acuity**: [ ] R [ ] L
- **Muscle Balance**: [ ] Pass [ ] Fail
- **Stereopsis**: [ ] Pass [ ] Fail
- **Color**: [ ] Pass [ ] Fail
- **Child wears glasses?**: [ ] Yes [ ] No
- **Tested with glasses?**: [ ] Yes [ ] No
- **Referral made?**: [ ] Yes [ ] No

**Pure Tone**
- **Right ear**: [ ] Pass [ ] Fail
- **Left ear**: [ ] Pass [ ] Fail

**Child wears hearing aid?**: [ ] Yes [ ] No

**Child under the care of a hearing specialist**: [ ] Yes [ ] No

**Referral made?**: [ ] Yes [ ] No

### Speech/Language

- **Speech assessment completed**: [ ] Yes [ ] No
- **Child has no discernible speech problem**: [ ] Yes [ ] No
- **Speech evaluation recommended**: [ ] Yes [ ] No

**Speech evaluation** completed

**Tuberculin Test**

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Results</th>
</tr>
</thead>
<tbody>
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</table>

### Lead Poisoning

- **Date**: ____________
- **Type**: C V
- **Results**: ____________ µg/dL

### Health History

(Serious or chronic illnesses/injuries/surgeries)

### Physical Examination

Date of most recent examination: / /

- **Essentially normal**: [ ]
- **Abnormalities as follows**: 

### Is this child able to participate fully in:

- **Classroom and academic activities**: [ ] Yes [ ] No
- **Physical education classes**: [ ] Yes [ ] No
- **Competition athletics**: [ ] Yes [ ] No
- **Contact and collision sports**: [ ] Yes [ ] No

If limitations are advised, please specify

### Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

### HealthCare Provider's signature

Print name

Phone [ ]

Address

Date / /

City State ZIP

HEA 4242 8/06
Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child’s immunization record may be attached or dates may be entered below. Please note the month, day, and year for each immunization should be on record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Record complete dates (month, day, year) of vaccine doses given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTP)</td>
<td></td>
</tr>
<tr>
<td>DTaP, Tdap</td>
<td></td>
</tr>
<tr>
<td>DT, Td</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HBV)</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV4, MPSV4)</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
</tr>
<tr>
<td>Measles (Rubeola) only</td>
<td></td>
</tr>
<tr>
<td>Rubella only</td>
<td></td>
</tr>
<tr>
<td>Mumps only</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza Type b (Hib)</td>
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<tr>
<td>Influenza</td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

This information was provided by
- [ ] Health Care Provider
- [ ] Parent/Guardian
- [ ] Other

Signature

Print name

Date / /
Ohio Department of Health • School and Adolescent Health

Oral Assessment

<table>
<thead>
<tr>
<th>Student's name</th>
<th>Date of birth</th>
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The following services have been performed (please check all that apply)

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<tbody>
<tr>
<td>Examination</td>
<td>Fluoride application</td>
<td>Oral prophylaxis (cleaning)</td>
<td>Prescription for fluoride supplement</td>
</tr>
<tr>
<td>Orthodontic assessment</td>
<td>Radiographs</td>
<td>Dental sealant</td>
<td>Treatment (restoration, pulp therapy)</td>
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<tr>
<td>Other</td>
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The following oral hygiene instruction was provided (please check all that apply)

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<tr>
<td>Toothbrushing</td>
<td>Flossing</td>
<td>Dietary counseling</td>
</tr>
<tr>
<td>Other</td>
<td>Use of fluoride mouthrinse</td>
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The following statements are applicable (please check all that apply)

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<tr>
<td>All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)</td>
</tr>
<tr>
<td>No restorative services are required at this time.</td>
</tr>
<tr>
<td>Further treatment is indicated. (See comments)</td>
</tr>
<tr>
<td>Further appointments have been arranged. (Orthodontic, restorative)</td>
</tr>
<tr>
<td>Routine recall visits recommended.</td>
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Comments

<p>| |</p>
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Dentist's signature

Print name

Phone (  )

Address

Date / /

City State ZIP

HEA 4243  8/06
BETHANY EMERGENCY MEDICAL AUTHORIZATION and LATCHKEY PICK UP AUTHORIZATION

Student ___________________________________________________________   Homeroom _____
(Last)              (First)                  (Middle Initial)

Birth Date ________________   Email addresses __________________________________________

Street ___________________________________________City/State_________________ Zip________

Mother’s Name _________________________________ Home #_______________ Cell #_____________
Mother’s place of employment __________________________________________ Work #_____________

Father’s Name _________________________________ Home #_______________ Cell #_____________
Father’s place of employment __________________________________________ Work #_____________

Names and grades of brothers and sisters____________________________________________________

Since the care and treatment of the student is primarily the responsibility of the parent, every effort will be made to contact the parent first.

Please list all persons who can be contacted regarding student’s care in the event a parent cannot be located.

Only those listed below will be permitted to pick up your child. Place an (L) behind the name of any person authorized for Latchkey pick up ONLY.

Name ______________________________ Relation ____________ Cell # __________ Work #_________

Name ______________________________ Relation ____________ Cell # __________ Work #_________

Name ______________________________ Relation ____________ Cell # __________ Work #_________

Name ______________________________ Relation ____________ Cell # __________ Work #_________

Name ______________________________ Relation ____________ Cell # __________ Work #_________

Name ______________________________ Relation ____________ Cell # __________ Work #_________

List anyone who is NOT PERMITTED to visit/pick up your child from school:

Name ______________________________________Name______________________________________

*****PLEASE COMPLETE HEALTH INFORMATION QUESTIONNAIRE AND CONSENT FOR TREATMENT ON BACK*****

***** Page 1 of 2 *****
HEALTH INFORMATION

Student Name_______________________________________
(Last)                                        (First)

List any health conditions that your child has:_______________________________________________________________

List any medications that your child takes:

At home: _____________________________________________________________________________________________

At School:_______________________________________________________________________________________

List any allergies that your child has and what treatment is needed for reactions.

Medication Allergies _____________________________________________________________________________________

Food Allergies __________________________________________________________________________________________

Environmental allergies___________________________________________________________________________________

Insect/Bee Allergies ______________________________________________________________________________________

Has your child traveled outside the United States in the past year?  _____ No _____ Yes  If so, Where? ________________

PART I OR PART II MUST BE COMPLETED

PART I GRANT CONSENT
I hereby give consent for the following medical care providers and local hospital to be called:

Physician_____________________________________________________ Phone____________________________

Dentist_______________________________________________________ Phone____________________________

Medical Specialist_______________________________________________ Phone____________________________

Local Hospital__________________________________________________ Phone____________________________

In the event reasonable attempts to reach me have been unsuccessful, I hereby give my consent for 1. the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2. the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for the surgery, are obtained prior to the performance of such surgery.

Date_______________ Signature of Parent/Guardian_____________________________________________________

Address_________________________________________________ City___________________________Zip__________

PART II REFUSAL TO CONSENT
I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_______________________________________________________________________________________________

Date_______________ Signature of Parent/Guardian_____________________________________________________

Address_________________________________________________ City___________________State _______ Zip__________

******* Page 2 of 2 ******
General Information For Users of Technology

Bethany School is using new technologies, electronic resources, and Internet access to enhance student learning and to provide a quality educational experience for all students. Bethany School has been provided with Internet connectivity through Hamilton/Clermont Cooperative Association (H/CCA). This project is partially funded by the Legislature of the State of Ohio. Therefore, Internet access and activities utilizing all other technologies in the school are strictly limited to educational purposes.

In keeping with the mission of Bethany School, Academic Excellence in a Christian Environment, the school will monitor, instruct about, and guard against inappropriate, unethical, and illegal use of technology by the student or adult user.

Agreement Form

In order to ensure the proper use of technological resources, it is necessary that each user and parent guardian annually sign the attached Responsible Use of Technology Policy - User Agreement Form. The signed form must be on file at the school before Internet access is permitted. Signing the form indicates that the user will abide by the rules governing Internet and other technology access as stated in this policy.

Bethany School must have on file a signed Responsible Use of Technology Policy – User Agreement Form for any student and/or adult (administrators, faculty and staff members, parents, volunteers, and other school-affiliated adults) using a school’s technology resources, school’s Internet account, school-sponsored account, or personal account to access the Internet. All Internet access and use of other electronic communication technology is strictly limited to educational purposes. Students are not allowed to access personal accounts from school. School personnel (administrators, faculty and staff members) are allowed to access personal accounts at school but are subject to responsible use provisions herein. Bethany School adheres to the Children’s Internet Protection Act and the guidelines of our Internet Service Provider, H/CCA. The school has right of access to any electronic devices on school property.

All information received or sent from school property remains the property of the school and is not considered confidential. The school reserves the right to investigate the download history of all school computers. There shall be no reasonable expectation of privacy.
School Responsibility

- The school shall provide access to technological resources, including Internet, for educational purposes only.
- The school shall also provide training for students and teachers in the appropriate use of technology.
- The school does not guarantee the accuracy of information gathered from school computers.
- The school shall take measures to provide for the safety and security of minors, supervise and monitor student access to all technological resources provided by the school, and guard against the access of objectionable material, in compliance with the Children’s Internet Protection Act.
- Unauthorized disclosure, use, and dissemination of personal information regarding minors is forbidden.

User Responsibility

- The user shall access the school’s technological resources for educational purposes only.
- Each user is responsible for information that is sent and received under his/her personal and/or school Internet account.
- Passwords are to be guarded and not displayed nor shared with others.
- The user must strictly adhere to copyright laws.
- In addition, unethical and/or illegal uses of electronic devices will not be allowed.
- Unauthorized access, including hacking or use of another person’s account, is strictly forbidden.
- The user agrees not to bypass the school firewall, nor to harm or alter school property.
- The user agrees not to pirate, nor to submit, publish, and/or display any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, harassing, racially offensive or otherwise illegal material, which may cause mental, emotional, or physical distress to other members of the school community, on or off school property; nor shall the user encourage the use, sale, or distribution of controlled substances.
- Any use in violation of any local, state, or federal law is prohibited and is a breach of the terms and conditions of responsible use.
- Also, any commercial use is strictly forbidden.

Disciplinary Action

The school may take disciplinary action against school personnel, including students, who violate the Responsible Use of Technology Policy or other school policies by means of inappropriate use of technology. Disciplinary action may also be taken against those who use telecommunication devices to cause mental or physical distress to other members of the school community, whether these incidents take place on or off the school property. Disciplinary action taken by school authorities may include revocation of access to technological resources, suspension, expulsion, and/or possible legal action.
Responsible Use of Technology for Bethany School

User Agreement / Parent Permission Form

Signatures of all Students and a Parent Required

- I have read the terms and conditions of the Responsible Use of Technology Policy.
- I understand that technological resources are provided for educational purposes only.
- I agree to abide by the terms and conditions stated in the Responsible Use of Technology Policy. Additionally, I will be responsible for the consequences of inappropriate use of technology, including the Internet, both on and off school property. I understand that consequences may include suspension or revocation of privileges to access the Internet and/or other technological resources, suspension, expulsion, and possible legal action.

User 1 Name (print) ___________________________ Grade __________

User 1 Signature ___________________________ Date ________________

User 2 Name (print) ___________________________ Grade __________

User 2 Signature ___________________________ Date ________________

User 3 Name (print) ___________________________ Grade __________

User 3 Signature ___________________________ Date ________________

Parent / Guardian Permission Form

- I have read the terms and conditions of the Responsible Use of Technology Policy.
- I am requesting that the above named student be allowed to use the school’s technological resources, including the Internet, and agree to support the school in the Responsible Use of Technology Policy.

Parent/Guardian Name (print) _______________________________________________________

Parent/Guardian Signature ___________________________________ Date _________________
Guardian Permission to Publish - One Form Per Family

Bethany School actively seeks opportunities to promote a positive image of our school and the great things that take place here. In order to facilitate this endeavor, we take photos as well as some video of the events which occur here throughout the year. A selection of photos and videos of students or their work may be posted on our web pages or our social media, published in the school newsletter, used in various printed school materials, and given to local print and broadcast media. Additionally, local television stations may feature our school, our activities, or even our students in public interest stories. We believe all of these add to the success of Bethany School by highlighting all that makes Bethany School an interesting and unique place to learn.

Our web site can be found at www.bethanschool.org and our Facebook page on https://www.facebook.com/BethanySchoolOH/. Anyone can have access to these. Bethany School policy prohibits the use of names or other personal information about students to be posted on our website or social media sites. Student work (text and graphics) may be published with student initials. Our newsletter is available to current and prospective families and may include student names. Please note that local print media requests students be identified by name and neighborhood so that photos and stories are published in the appropriate neighborhood editions.

We prefer that all families allow photos which include their child(ren) or their child(ren)'s work (with initials only) to be used on our internet sites, in our newsletters, or used in local print and broadcast media. However, it is ultimately up to parents and guardians of minors to make the decision. To that end, Bethany School and the Sisters of the Transfiguration support and respect each family's right to decide whether or not to allow their student to appear in these media.

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Please fill out this form in its entirety regardless of your decision

<table>
<thead>
<tr>
<th>Grade</th>
<th>Student Names (Please Print)</th>
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<tbody>
<tr>
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</table>

Please sign and date only one of the boxes below

I (we), ____________________________________________, GIVE permission to have photos or videos which include my (our) child(ren) and/or my (our) child(ren)'s work used in the school web pages, social media, school newsletters, various printed school materials, and/or local print or broadcast media.

________________________________________________________________________

(parent/guardian signature) ____________________________________________ (date)

I (we), ____________________________________________, DO NOT GIVE permission to have photos or videos which include my (our) child(ren) and/or my (our) child(ren)'s work used in the school web pages, social media, school newsletters, various printed school materials, and/or local print or broadcast media.

Please note: Use of large group photos which includes your child, photos in online photo galleries, or photos in school displays, bulletin boards, newsletters, or other items viewed primarily by the Bethany Community in which a student is NOT identified by name is exempt from withholding permission (i.e. Bethany School may use photos of your child under these circumstances).

________________________________________________________________________

(parent/guardian signature) ____________________________________________ (date)
Please complete the form below so that we can enter correct and accurate information in the Bethany School Directory.

All families are required to submit this form.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Grade</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents'/Guardians' name</th>
<th>School District</th>
<th>Primary Phone Number</th>
</tr>
</thead>
</table>

Street Address (include Dr. Ct. Ln. etc.)

City, State, Zip Code

Primary Email Address only: ________________________________________________
The Bethany School Directory is sponsored by BEAP. It is published once a year to enable parents and students to communicate with each other. Class lists, faculty lists, BEAP officers, and transportation contacts are provided in the directory as well.

In order to receive this directory, you must be a member of BEAP. Membership dues are $25.00 annually, checks made payable to BEAP. You will receive a directory and car decal (upon request), as well as provide BEAP with funds to help accomplish its numerous projects! Please complete and return this form along with payment to the office on or before August 31st.

Parent(s) Name ___________________________________________________________

Child(ren) Name(s) Grade Homeroom Teacher
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

$ Amount _______ Cash ____ Check #_______ (payable to BEAP) Date Recvd______

BEAP NEEDS YOUR HELP

Thank you to those who have already volunteered to help out this school year! If you have not, and would like to get involved, please review the opportunities below. Volunteering is a great way to meet other families and build a stronger community! Let us know what you would like to do and we will contact you when the time is right.

Parent(s) Name ___________________________ Phone #: Day __________ Evening ________

Email Address ____________________________ Best way to reach you, phone or email (Circle Your Preference)

Please indicate which activity(ies) you would like to help out on this year:

____ Homeroom Parent or Helper (circle one) ______ Santa Sale (December)
____ Raffle (September) ______ Used Uniform Sales (March & August)
____ Parent-Teacher Conference Refreshments ______ Walk-A-Thon
____ Special Area Teachers and Staff Collections ______ New Family Picnic (August)

If you have any questions, feel free to contact us via email at beap@bethanyschool.org